



MARINE RESOURCE DEALER APPLICATION 2014

License Year: APRIL 1, 2014 TO MARCH 31, 2015

Part A: Applicant Information

LANDINGS# _____

Business Name: _____

Fed Employer ID#: _____

The individual who owns the highest percentage (List percentage - %) must be identified ON THE BACK OF THIS APPLICATION. If more than 2 own equal proportions, identify each.

Mailing Address of Business: _____

Physical Address _____

City: _____

State: _____

Zip Code: _____

Landline: (____) ____ - _____ Cell Phone: (____) ____ - _____ Email _____

Contact person _____

Part B: Fishery Information

Wholesale Seafood^M ☐ \$ 443 Primary Cost

Wholesale Seafood Supp.^{AE}

for each vehicle & facility \$87 ea.X # _____ =\$ _____

Total \$ _____

Urchin Buyer^{ACM}

☐ +\$ 500

Urchin Processor^{ACM}

☐ +\$1000

Total \$ _____

Shellfish Transportation^F

☐ \$ 529

Shellfish Trans. Supp.^{EF}

☐ \$ 173

for each vehicle \$173 ea.X # _____ =\$ _____

Total \$ _____

Marine Worm Dealer^{GM}

☐ \$ 64

Marine Worm Dealer Supp.^{EG}

☐ \$ 26

for each vehicle & facility \$26 ea.X # _____ =\$ _____

Retail Seafood^M

☐ \$ 100

Enhanced Retail Seaf. Certificate^{MR}

☐ \$ 28

Must obtain Retail Seafood Lic. when purchasing the Enhanced Retail Seaf.

Lobster Meat Permit^O

☐ \$ 159

GRAND TOTAL \$ _____

NOTES:

A – You must buy a Wholesale Seafood license

C – Sea Urchin research surcharge

E – Submit separate applications for each additional supplemental license. An additional supplemental license is required for each additional place of business and/or vehicle being licensed

F – License allows transportation of resource beyond the state limits.

G – Available only to Maine Residents-Must meet requirements.

M – Mandatory reporting with primary buyer permit (see Part C). First time applicants must contact DMR Landings Program (207-633-9500) for reporting requirements.

O – If handling oversized lobsters, please fill out Part C(2), and order # of tags on the back in Part E.

R – A facility inspection must be completed prior to applying for this license. Please contact Kohl Kanwit at 207-633-9535 to schedule an inspection. Documentation of passed inspection must accompany this application.

Part C: Additional Information

ANY ADDITIONAL SUPPLEMENTALS SHOULD BE ON THE SECOND PAGE OF THIS APPLICATION

Fill out all information completely. False statements or misrepresentations will result in the revocation of the license and prosecution in Court.

Please complete if licensing a place of business:

(If different from mailing address.)

Street _____

Town _____

Federal Permit # _____

(needed if buying certain species directly from federally permitted vessels – see <http://www.nero.noaa.gov/permits/dealerpermit.html>)

Please complete if licensing a vehicle: Is this vehicle

owned _____ leased _____ rented _____ ?

Registration (Plate)# _____ Make _____

Vehicle ID No. _____

Model _____ Year _____ Color _____

1. Do you buy or intend to buy any marine species from harvesters (fishermen)?^M Yes ☐ No ☐

If yes, your license will reflect a primary buyer permit (PBP), allowing you to buy directly from harvesters. Reporting required.

3. Are you an aquaculture facility?^M Yes ☐ No ☐

If yes, your license will reflect a primary buyer permit (PBP).

4. Do you handle mahogany quahogs? Yes ☐ No ☐

5. In the wholesale trade do you buy, sell, process, ship or transport:

Shrimp^M (purchased from harvesters) Yes ☐ No ☐

Herring^M (purchased from harvesters) Yes ☐ No ☐

Dogfish^M (purchased from harvesters) Yes ☐ No ☐

(Dogfish permit must be purchased by April 15th)

6. Do you sell lobster bait? Yes ☐ No ☐

Part D: Certification

I hereby declare that the foregoing information is true and correct.

Making any false statement on this license application is punishable under Title 17-A MRS section 453.

Signature _____ Date ____/____/____

(Owner or an Authorized Official of the Firm)

(Month/Day/Year)

PRINT NAME _____

Under Title 12, §6306, (1)(2) and (3), a person licensed by the Department of Marine Resources has a duty to submit to inspection, search and seizure by a Marine Patrol Officer. Failure to comply with this duty may result in a license suspension.

Business Name _____

Landings # _____

**PLEASE COMPLETE IF LICENSING ADDITIONAL
SUPPLEMENTAL VEHICLES**

**PLEASE COMPLETE IF LICENSING
SUPPLEMENTAL FACILITIES**

Check whether the supplementals are for Wholesale, Shellfish or Marine Worm Licenses.

Wholesale _____ **Shellfish** _____ **Marine Worm** _____

Is this vehicle owned _____ leased _____ rented _____?

Registration (Plate)# _____ Make _____

Vehicle ID No. _____

Model _____ Year _____ Color _____

Wholesale _____ **Shellfish** _____ **Marine Worm** _____

Is this vehicle owned _____ leased _____ rented _____?

Registration (Plate)# _____ Make _____

Vehicle ID No. _____

Model _____ Year _____ Color _____

Wholesale _____ **Shellfish** _____ **Marine Worm** _____

Is this vehicle owned _____ leased _____ rented _____?

Registration (Plate)# _____ Make _____

Vehicle ID No. _____

Model _____ Year _____ Color _____

Wholesale _____ **Shellfish** _____ **Marine Worm** _____

Is this vehicle owned _____ leased _____ rented _____?

Registration (Plate)# _____ Make _____

Vehicle ID No. _____

Model _____ Year _____ Color _____

Wholesale _____ **Shellfish** _____ **Marine Worm** _____

Is this vehicle owned _____ leased _____ rented _____?

Registration (Plate)# _____ Make _____

Vehicle ID No. _____

Model _____ Year _____ Color _____

Wholesale _____ **Shellfish** _____ **Marine Worm** _____

Is this vehicle owned _____ leased _____ rented _____?

Registration (Plate)# _____ Make _____

Vehicle ID No. _____

Model _____ Year _____ Color _____

Wholesale _____ **Shellfish** _____ **Marine Worm** _____

Is this vehicle owned _____ leased _____ rented _____?

Registration (Plate)# _____ Make _____

Vehicle ID No. _____

Model _____ Year _____ Color _____

Wholesale _____ **Shellfish** _____ **Marine Worm** _____

Is this vehicle owned _____ leased _____ rented _____?

Registration (Plate)# _____ Make _____

Vehicle ID No. _____

Model _____ Year _____ Color _____

Wholesale _____ **Shellfish** _____ **Marine Worm** _____

Is this vehicle owned _____ leased _____ rented _____?

Registration (Plate)# _____ Make _____

Vehicle ID No. _____

Model _____ Year _____ Color _____

(If different from mailing address.)

Wholesale _____ Marine Worm _____

Street _____

Town _____

Federal Permit # _____

(needed if buying certain species directly from federally permitted vessels – see

<http://www.nero.noaa.gov/permits/dealerpermit.html>)

Wholesale _____ Marine Worm _____

(If different from mailing address.)

Street _____

Town _____

Federal Permit # _____

(needed if buying certain species directly from federally permitted vessels – see

<http://www.nero.noaa.gov/permits/dealerpermit.html>)

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(If different from mailing address.)

Street _____

Town _____

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Street _____

Town _____

Federal Permit # _____

(needed if buying certain species directly from federally permitted vessels – see

<http://www.nero.noaa.gov/permits/dealerpermit.html>)

Part E: Primary owner information required.

For Corporations with six or fewer shareholders, please fill out the highest percentage. Please print legibly.

Last Name _____ First Name _____ DOB _____ SS# _____ % _____

Last Name _____ First Name _____ DOB _____ SS# _____ % _____

Last Name _____ First Name _____ DOB _____ SS# _____ % _____

Last Name _____ First Name _____ DOB _____ SS# _____ % _____

Last Name _____ First Name _____ DOB _____ SS# _____ % _____

Last Name _____ First Name _____ DOB _____ SS# _____ % _____

For Corporations with greater than six shareholders, please identify Agent's name that is listed on your corporation documents.

Last Name _____ First Name _____, Address _____
City _____, State _____, Phone # _____

Part E – Reconsignment for Oversized Lobsters:

Plastic Truck Seals (sealing the outside of the truck)
Number seals requested _____ x \$0.20 each Total _____

Plastic Zip Tie Crate Seals (sealing lobster crates)
Number seals requested _____ x \$0.20 each Total _____

Orange Waterproof paper seals (Shipping tags-for alternative boxes, i.e., Styrofoam)
Number seals requested _____ x \$0.10 each Total _____
All plastic seals and waterproof paper seals may be ordered in groups of 100 – not to exceed 1000.

Instructions:

Complete the information in **Part A** on the front of this form. Check license(s) requested in **Part B** and calculate the total fees. Fill out all applicable information in **Part C**. Must meet **residency requirements** under Title 12, Section 6301 if applying for Marine Worm Dealer license. **Certify your application with your signature in Part D.** Enclose this document in an envelope along with a check or money order payable to **Treasurer, State of Maine** or fill out the section below for **credit card payments**, affix a stamp and put it in the mail. **We cannot accept applications by fax or phone.** If you have questions call (207) 624-6550.

Mail to:
Licensing Division
Department of Marine Resources
21 State House Station
Augusta, ME 04333

Credit Card Payment: I authorize the State of Maine, Department of Marine Resources, Licensing

Division, to charge my VISA ☐ Mastercard ☐ Discover ☐ Card No. _____

In the Amount of \$ _____, expiration date _____

Signed by cardholder _____ date _____ .